

Meeting Summary
Worker's Compensation Advisory Committee -Subcommittee on Health Care
July 18, 2005

Participants

Labor:	Owen Lynch, Robby Stern, Ed Wood, and John Askason
Business:	Amber Carter (via telephone), Vickie Gore, and Beverly Simmons
Board of Industrial Appeals:	Tom Egan
L&I:	Gary Franklin, Roy Plaeger-Brockway, Bob Mootz, Diana Drylie, Susan Campbell, Kim Arakawa, Pat Bartley, Lee Glass, and Dave Overby
UW:	Tom Wickizer and Deb Fulton-Kehoe
Renton COHE:	Pat Vincent, Karen Nilson, and Holly Stuermann
Spokane COHE:	Dan Hansen
Guests:	Jerri Wood, Clif Finch (for John Meier)

Introductions and minutes – Gary Franklin welcomed the group and asked for any comments on the minutes from the May 2005 meeting. There were no changes suggested.

UW Research - Tom Wickizer presented findings for the Renton COHE outcome evaluation. The report was released in June and is on the L&I website:

<http://www.lni.wa.gov/ClaimsIns/Files/Providers/ohs/UwReportRentonCohere.pdf>.

These findings showed that:

- COHE Disability Effects:
 - COHE cases 17% less likely to become time-loss claims
 - COHE compensable cases 23% less likely to be on time-loss at 360 days
- COHE Cost Savings Effects:

■ Provider recruitment effect:	\$125
■ COHE activities:	\$460
■ Total COHE effect:	\$585
- Renton COHE favorable outcomes
 - Reduced disability incidence and duration
 - Better disability outcomes for patients treated in hospital emergency depts
 - Better employment outcomes
 - No reduction in patient satisfaction
 - Lower medical and disability costs, especially for CTS

Selected questions/issues raised by Committee members (with responses from Tom):

- ❖ **Did the study look at the difference in permanent partial disability between COHE and non-COHE claims?**
 - This may be something to look at in the future, but this study did not look at this issue.
- ❖ **If medical costs were basically the same for COHE and non-COHE claims, what is the main effect of the COHE?**

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- This study did not break down the different parts of the COHE to evaluate which aspects are the most effective.
- ❖ **How do you know that a different set of claims would have shown the same results?**
 - This is a question for any study – can these results be generalized to other areas? The Spokane evaluation will begin to help with that question.
- ❖ **Are the COHEs helping doctors move on the “Franklin curve” (becoming better doctors)?**
 - We assume that doctors at the end of the curve, who are generally poor performing doctors, will not sign up for the COHE. We could look at subsets of doctors in the project to see if there has been any movement on the curve toward better performance.
- ❖ **In looking at the percent of early ROAs which became compensable, did you look at the severity of the injuries?**
 - No, but we could stratify them by injury type and perhaps look at the relative cost savings as well. (Bev will send Tom a report on the cost savings of early ROAs.)
- ❖ **The report showed the same patient satisfaction with COHE and non-COHE doctors, yet anecdotal reports from patients in the Renton area are that some doctors and clinics have been improving.**
 - We may be able separate out the emergency rooms from the doctors in the survey responses. This analysis may show better satisfaction with primary care doctors who are COHE participants.

L&I Update – Diana Drylie presented a revised timeline showing the two COHEs and their expansion, the UW evaluation schedule and the proposed “seed” communities.

A technical wording error in the budget limits the use of funds allotted by the last session to expansion of the Spokane COHE into additional counties, including Yakima. L&I staff are working on getting the wording clarified. A final resolution will need to wait until next session.

The timeline for 2005—2007 includes extension of the contracts with Valley Medical Center (Renton), St. Luke's Rehabilitation Institute (Spokane) and the University of Washington. It also includes an expansion in Renton for community outreach, and the expansion of the Spokane COHE into 13 more counties. The timeline also includes a Request for Information and a Request for Proposal for small “seed” projects in two new communities.

She then posed two questions for discussion by the Committee.

1) Should we ask for additional money in the supplemental budget in the upcoming session? This money could be for the addition of another COHE.

2) Should we plan for an evaluation component to evaluate the expansion into Yakima and the other 12 new counties, as well as the “seed” communities?

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The Committee recommended that we proceed cautiously and keep with the current plan for expansion in the Spokane and Renton COHEs and the two new “seed” communities.

The group also emphasized the need for continued evaluation and analysis of which aspects of the COHE are working and how well they work in more than one community.

** Reminder from the notes of the May meeting - Two members of each caucus will work with L&I staff on the Request for Information for the “seed” communities, which will be ready to send out in winter 2005.

The discussion about the evaluation component for the future was deferred to the October meeting, because of lack of time.

Questions/issues raised by Committee members:

- ❖ **We need to re-engage self-insured employers and revisit the fee structure for them.**
- ❖ **We need to develop a vision now for the future**

Delivery Team Reports – Western Washington (Renton) COHE team

Pat Vincent, Project Director, and Holly Stuermann, Health Services Coordinator, of the Renton COHE presented an update. They have 154 providers and 20 mentors enrolled.

- COHE staff has been meeting on an individual basis with participating doctors and clinic staff. They have trained about 80% of their APPs through continuing medical education and 1-1 training.
- Claims have been received from 2609 different companies since January 2005.
- The COHE will start sending e-mails to employers when a claim has been filed, telling them of the claim and how to get information on the claim via L&I's Claim and Account Center.
- Gary Weeks, Bob Malooly, Gary Franklin and Roy Plaeger-Brockway visited the COHE on July 7th. Legislative staff are visiting on August 3.

Questions/issues raised by Committee members (with responses from Pat and Holly):

- ❖ **How can injured workers also find out about the Claim and Account Center and how to get information on their claims?**
 - Both COHEs are developing handouts for injured workers on how to access the Claim and Account Center.
- ❖ **Is the Renton COHE working at capacity at this point?**
 - If the Health Services Coordinators were to be actively tracking 100 claims a month, this would be too much. Currently the COHE is not at this level of work.
- ❖ **Labor has a concern about the non-involvement of self-insured employers in the COHE, since there are many of them in the Renton area.**

Delivery Team Reports – Eastern Washington (Spokane) COHE Team

Dan Hansen, COHE Medical Director, presented the update on the Spokane COHE.

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- **Recruitment and Outreach** – The COHE now has 268 providers and 16 mentors, 234 employers and 15 unions.
- **Expansion** – Both hospitals in Yakima have agreed to join the project, as well as a hospital in Wenatchee.
 - **Business/Labor Advisory Board** – The Spokane Board will expand to add 2 business and labor representatives from the new counties.
 - **Quality Improvement Committee** – Yakima and Wenatchee will have regional QI subcommittees that report to the Spokane Board.
- **The Committee discussed the involvement of the Yakima community in the COHE. People agreed that the Spokane COHE needs to be in charge of the Yakima expansion. The project should not be diluted or changed in a new community; there needs to be a consistent infrastructure. Yakima should not be a separate, independent COHE.**
- **Role of Physician Assistants in rural community health clinics** – Some rural clinics cannot join the COHE because their providers are all physician assistants (PAs) who cannot certify time-loss. The PAs wait for a doctor to come to the clinic before the ROA is signed and sent to L&I.
 - The Committee discussed the issue of PAs in some depth. There is a legislative-mandated study on the role of ARNPs and PAs which will be done by the 2007 session. Business and Labor might be willing to work on an interim solution for PAs who agree to be part of the COHE. This issue will be on the agenda for the next WCAC-HC meeting. There may be a way to address the issues of quality assurance, training, and access to technology as well.

Questions/issues raised by Committee members –

- ❖ **Is the involvement of mentors working the way we had hoped?**
 - Mentors are agreeing to see COHE patients very quickly. They are also getting involved with working on other related issues with L&I, which increases their respect in the community.
- ❖ **We need to look at the differences between the COHEs and refine the model so that, as we expand, we keep consistency between areas.**
- ❖ **Are tribes involved with state fund at L&I at all? Are there tribal enterprises which are covered by state fund?**
 - L&I staff will look into this question.

NEXT MEETINGS –

- **Monday, October 17 – 9:00 am -12:00 noon, Tukwila Training Room**
Coffee and cookies provided
Topics to be discussed include:
 - Yakima expansion

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- Role of physician assistants
 - Request for Information/Proposals for seed communities
 - UW evaluation and research in the future
 - Consistency between new COHEs, as well as new communities
- **Tentative date for spring meeting – Monday, March 6, 9:30 am -12:00 noon, Tukwila Training Room**